CITY OF TIPP CITY, OHIO EMPLOYER'S MONTHLY	RETU	RN OF TAX WITHHELD (F	FORM TW-1) Return Form With Payment	
Taxable earnings paid all employees subject to		DO NOT ROUND	I hereby certify that the information and statements contained her	rein
City of Tipp City, Ohio 1.5% income tax	1.	2011011100112	are true and correct.	· · ·
Actual tax withheld in quarter for city income tax	2.		(Signed)	
3. Adjustment of tax for prior month (see instructions)	3.		(Official title)	
4. Penalty and interest (see instructions)	4.		Date	
5. Late filing fee (see instructions)	5.		Federal ID no.	
6. Total (Lines 2-5)	6.			
Account #		MONTHLY	THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DL DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY	
NAME AND ADDRESS:		For month ending JANUARY 31, 2015	MAIL TO: DEPARTMENT OF TAXATION CITY OF TIPP CITY 260 S GARBER DR	
		Due on or before FEBRUARY 15, 2015	TIPP CITY OH 45371-3116	
		,	Phone 937-667-8426; Fax 937-667-6734 <u>www.tippcityohio.gov</u>	
CITY OF TIPP CITY, OHIO EMPLOYER'S MONTHLY	RETU		Return Form With Payment	
Taxable earnings paid all employees subject to City of Tipp City, Ohio 1.5% income tax	1.	DO NOT ROUND	I hereby certify that the information and statements contained her are true and correct.	rein
Actual tax withheld in quarter for city income tax	2.		(Signed)	
Adjustment of tax for prior month (see instructions)	3.		(Official title)	
Penalty and interest (see instructions)	4.		Date	
Late filing fee (see instructions)	5.		Federal ID no.	
6. Total (Lines 2-5)	6.		1 0 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	
Account #	<u> </u>	MONTHLY	THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DL DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY	
NAME AND ADDRESS:			MAIL TO:	
		For month ending	DEPARTMENT OF TAXATION	
		FEBRUARY 28, 2015	CITY OF TIPP CITY	
		Due on or before	260 S GARBER DR TIPP CITY OH 45371-3116	
		MARCH 15, 2015	1111 0111 01143371-3110	
			Phone 937-667-8426; Fax 937-667-6734 www.tippcityohio.gov	
CITY OF TIPP CITY, OHIO EMPLOYER'S MONTHLY	RETU	RN OF TAX WITHHELD (F	FORM TW-1) Return Form With Payment	
Taxable earnings paid all employees subject to		DO NOT ROUND	I hereby certify that the information and statements contained her	rein
City of Tipp City, Ohio 1.5% income tax	1.		are true and correct.	
2. Actual tax withheld in quarter for city income tax	2.		(Signed)	
3. Adjustment of tax for prior month (see instructions)	3.		(Official title)	
4. Penalty and interest (see instructions)	4.		Date	
5. Late filing fee (see instructions)	5.		Federal ID no.	
6. Total (Lines 2-5)	6.			
Account #		MONTHLY	THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUDATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY	
NAME AND ADDRESS:			MAIL TO:	
		For month ending	DEPARTMENT OF TAXATION	
		MARCH 31, 2015	CITY OF TIPP CITY	
		Due on or before	260 S GARBER DR TIPP CITY OH 45371-3116	
		APRIL 15, 2015	6111 611 6011 6110	
			Phone 937-667-8426; Fax 937-667-6734 www.tippcityohio.gov	

CITY OF TIPP CITY, OHIO EMPLOYER'S MONTHLY	RETU	RN OF TAX WITHHELD	O (FORM TW-1)
☐ FINAL ☐ COURTESY ☐ AMENDED			Return Form With Payment
Taxable earnings paid all employees subject to		DO NOT ROUND	I hereby certify that the information and statements contained herein
City of Tipp City, Ohio 1.5% income tax	1.		are true and correct.
2. Actual tax withheld in quarter for city income tax	2.		(Signed)
3. Adjustment of tax for prior month (see instructions)	3.		(Official title)
Penalty and interest (see instructions)	4.		Date
Late filing fee (see instructions)	5.		Federal ID no.
6. Total (Lines 2-5)	6.		
			THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE
Account #		MONTHLY	DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY
NAME AND ADDRESS:			MAII TO
		For month ending	MAIL TO:
		APRIL 30, 2015	DEPARTMENT OF TAXATION CITY OF TIPP CITY
			260 S GARBER DR
		Due on or before	TIPP CITY OH 45371-3116
		MAY 15, 2015	
			Phone 937-667-8426; Fax 937-667-6734
			www.tippcityohio.gov
CITY OF TIPP CITY, OHIO EMPLOYER'S MONTHLY	RFTU	RN OF TAX WITHHEI F) (FORM TW-1)
□ FINAL □ COURTESY □ AMENDED			Return Form With Payment
Taxable earnings paid all employees subject to		DO NOT ROUND	I hereby certify that the information and statements contained herein
City of Tipp City, Ohio 1.5% income tax	1.		are true and correct.
2. Actual tax withheld in quarter for city income tax	2.		(Signed)
3. Adjustment of tax for prior month (see instructions)	3.		(Official title)
Penalty and interest (see instructions)	4.		Date
Late filing fee (see instructions)	5.		Federal ID no.
6. Total (Lines 2-5)	6.		- Cuciai ib iic.
0. Total (Lines 2-3)	0.		THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE
Account #			DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER
Account #		MONTHLY	PAYABLE TO: CITY OF TIPP CITY
NAME AND ADDRESS:		MONTHLI	
NAME AND ADDITEGO.			MAIL TO:
		For month ending MAY 31, 2015	DEPARTMENT OF TAXATION
		WAT 31, 2013	CITY OF TIPP CITY 260 S GARBER DR
		Due on or before	TIPP CITY OH 45371-3116
		JUNE 15, 2015	1111 3111 311 13371 3110
			Phone 937-667-8426; Fax 937-667-6734
			www.tippcityohio.gov
CITY OF TIPP CITY ONLO EMPLOYEDS MONTHLY	DETII	DN OF TAX WITHIELF	(FORM TW 4)
CITY OF TIPP CITY, OHIO EMPLOYER'S MONTHLY FINAL COURTESY AMENDED	KEIU	INTOF TAX WITHHELL	Return Form With Payment
Taxable earnings paid all employees subject to		DO NOT ROUND	I hereby certify that the information and statements contained herein
City of Tipp City, Ohio 1.5% income tax	1.		are true and correct.
2. Actual tax withheld in quarter for city income tax	2.		(Signed)
3. Adjustment of tax for prior month (see instructions)	3.		(Official title)
Penalty and interest (see instructions)	4.		Date
Late filing fee (see instructions)	5.		Federal ID no.
- ,			T ederal ID 110.
6. Total (Lines 2-5)	6.		
A a a a count II			THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER
Account #		MONTHIV	PAYABLE TO: CITY OF TIPP CITY
NAME AND ADDRESS		MONTHLY	TAMBLE TO. OHT OF THE OHT
NAME AND ADDRESS:			MAIL TO:
		For month ending	DEPARTMENT OF TAXATION
		JUNE 30, 2015	CITY OF TIPP CITY
		Due on or before	260 S GARBER DR
		JULY 15, 2015	TIPP CITY OH 45371-3116
		,	Phone 937-667-8426; Fax 937-667-6734
			www.tippcityohio.gov
			

CITY OF TIPP CITY, OHIO EMPLOYER'S MONTHLY	RETU	RN OF TAX WITHHELD (FO		
Taxable earnings paid all employees subject to		DO NOT ROUND	Return Form With Pa I hereby certify that the information and statements	
City of Tipp City, Ohio 1.5% income tax	1.	30.101.1001.2	are true and correct.	, , , , , , , , , , , , , , , , , , , ,
2. Actual tax withheld in quarter for city income tax	2.		(Signed)	
3. Adjustment of tax for prior month (see instructions)	3.		(Official title)	
4. Penalty and interest (see instructions)	4.			Date
5. Late filing fee (see instructions)	5.		Federal ID no.	
6. Total (Lines 2-5)	6.			
Account #		MONTHLY	THIS RETURN MUST BE RECEIVED ON OR BE DATE SHOWN BELOW. MAKE CHECK OR M PAYABLE TO: CITY OF TIPP CIT	ONEY ORDER
NAME AND ADDRESS:			MAIL TO:	
		For month ending	DEPARTMENT OF TAXATION	
		JULY 31, 2015	CITY OF TIPP CITY 260 S GARBER DR	
		Due on or before	260 S GARBER DR TIPP CITY OH 45371-3116	
		AUGUST 15, 2015	1111 6111 611 46671 6116	
			Phone 937-667-8426; Fax 937-667-6 www.tippcityohio.gov	i734
CITY OF TIPP CITY, OHIO EMPLOYER'S MONTHLY	RFTII	RN OF TAX WITHHELD (FO	DRM TW-1)	
□ FINAL □ COURTESY □ AMENDED		•	Return Form With Pa	yment
Taxable earnings paid all employees subject to		DO NOT ROUND	I hereby certify that the information and statements	contained herein
City of Tipp City, Ohio 1.5% income tax	1.		are true and correct.	
2. Actual tax withheld in quarter for city income tax	2.		(Signed)	
3. Adjustment of tax for prior month (see instructions)	3.		(Official title)	
4. Penalty and interest (see instructions)	4.			Date
Late filing fee (see instructions)	5.		Federal ID no.	
6. Total (Lines 2-5)	6.			
Account #		MONTHLY	THIS RETURN MUST BE RECEIVED ON OR BE DATE SHOWN BELOW. MAKE CHECK OR M PAYABLE TO: CITY OF TIPP CIT	ONEY ORDER
NAME AND ADDRESS:			MAIL TO:	
		For month ending	DEPARTMENT OF TAXATION	
		AUGUST 31, 2015	CITY OF TIPP CITY	
		Due on or before	260 S GARBER DR TIPP CITY OH 45371-3116	
		SEPTEMBER 15, 2015	1111 0111 011 400/1 0110	
			Phone 937-667-8426; Fax 937-667-6 www.tippcityohio.gov	i734
CITY OF TIPP CITY, OHIO EMPLOYER'S MONTHLY	RETU	RN OF TAX WITHHELD (FO	DRM TW-1) Return Form With Pa	wment
Taxable earnings paid all employees subject to		DO NOT ROUND	I hereby certify that the information and statement	
City of Tipp City, Ohio 1.5% income tax	1.		are true and correct.	
2. Actual tax withheld in quarter for city income tax	2.		(Signed)	
3. Adjustment of tax for prior month (see instructions)	3.		(Official title)	
4. Penalty and interest (see instructions)	4.			Date
5. Late filing fee (see instructions)	5.		Federal ID no.	
6. Total (Lines 2-5)	6.			-
Account #		MONTHLY	THIS RETURN MUST BE RECEIVED ON OR BE DATE SHOWN BELOW. MAKE CHECK OR M PAYABLE TO: CITY OF TIPP CIT	ONEY ORDER
NAME AND ADDRESS:			MAIL TO:	
		For month ending	DEPARTMENT OF TAXATION	
		SEPTEMBER 30, 2015	CITY OF TIPP CITY	
		Due en en hafaire	260 S GARBER DR	
		Due on or before OCTOBER 15, 2015	TIPP CITY OH 45371-3116	
		2	Phone 937-667-8426; Fax 937-667- www.tippcityohio.gov	6734

CITY OF TIPP CITY, OHIO EMPLOYER'S MONTHLY F	RETU	RN OF TAX WITHHELD (F	
FINAL COURTESY AMENDED		DO NOT ROUND	Return Form With Payment I hereby certify that the information and statements contained herein
Taxable earnings paid all employees subject to City of Tipp City, Ohio 1.5% income tax	1.	DO NOT ROUND	are true and correct.
			4
2. Actual tax withheld in quarter for city income tax	2.		(Signed)
3. Adjustment of tax for prior month (see instructions)	3.		(Official title)
4. Penalty and interest (see instructions)	4.		Date
Late filing fee (see instructions)	5.		Federal ID no.
6. Total (Lines 2-5)	6.		
Account #		MONTHLY	THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY
NAME AND ADDRESS:			MAIL TO:
		For month ending	DEPARTMENT OF TAXATION
		OCTOBER 31, 2015	CITY OF TIPP CITY
		Due on or before	260 S GARBER DR
-		NOVEMBER 15, 2015	TIPP CITY OH 45371-3116
		140 VEIVIDER 13, 2013	Dhono 027 667 9426: Eay 027 667 6724
			Phone 937-667-8426; Fax 937-667-6734 www.tippcityohio.gov
CITY OF TIPP CITY OUIO EMPLOYER'S MONTHLY V	ETIII	DN OE TAY WITHHEI D /E/	OPM TW 1)
CITY OF TIPP CITY, OHIO EMPLOYER'S MONTHLY F	\LIU	NI OF TAX WITHHELD (F	Return Form With Payment
Taxable earnings paid all employees subject to		DO NOT ROUND	I hereby certify that the information and statements contained herein
City of Tipp City, Ohio 1.5% income tax	1.		are true and correct.
Actual tax withheld in quarter for city income tax	2.		(Signed)
Adjustment of tax for prior month (see instructions)	3.	+	(Official title)
			Date
4. Penalty and interest (see instructions)	4.		
5. Late filing fee (see instructions)	5.		Federal ID no.
6. Total (Lines 2-5)	6.		
Account # NAME AND ADDRESS:		MONTHLY	THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY
		Can as south an alice of	MAIL TO:
		For month ending NOVEMBER 30, 2015	DEPARTMENT OF TAXATION CITY OF TIPP CITY
		110 TEMBER 00, 2010	260 S GARBER DR
		Due on or before	TIPP CITY OH 45371-3116
		DECEMBER 15, 2015	
			Phone 937-667-8426; Fax 937-667-6734 <u>www.tippcityohio.gov</u>
CITY OF TIPP CITY, OHIO EMPLOYER'S MONTHLY F	RETU	RN OF TAX WITHHELD (F	
FINAL COURTESY AMENDED		DO NOT DOUBLE	Return Form With Payment
Taxable earnings paid all employees subject to City of Tipp City Object 15% income tax	4	DO NOT ROUND	I hereby certify that the information and statements contained herein
City of Tipp City, Ohio 1.5% income tax	1.		are true and correct.
2. Actual tax withheld in quarter for city income tax	2.		(Signed)
3. Adjustment of tax for prior month (see instructions)	3.		(Official title)
Penalty and interest (see instructions)	4.		Date
Late filing fee (see instructions)	5.		Federal ID no.
6. Total (Lines 2-5)	6.		
Account #			THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER DAYABLE TO CITY OF TIPE CITY
NAME AND ADDRESS		MONTHLY	PAYABLE TO: CITY OF TIPP CITY
NAME AND ADDRESS:			MAIL TO:
		For month ending	DEPARTMENT OF TAXATION
		DECEMBER 31, 2015	CITY OF TIPP CITY
		Due on or before	260 S GARBER DR
		Due on or before JANUARY 15, 2016	TIPP CITY OH 45371-3116
		57.110/ART 15, 2010	Phone 937-667-8426; Fax 937-667-6734
			www.tippcityohio.gov

ANNUAL RE	CONCILIATION FORM TW-3	JANUARY	JULY	SUMMARY MUST BE COMPLETED
SUBMIT BY FEB	RUARY 28. W-2 FORMS OR LIST MUST BE ATTACHED	FEBRUARY	AUGUST	1. NUMBER OF
MAIL TO:	CITY OF TIPP CITY	MARCH	SEPTEMBER	EMPLOYEES
	DEPARTMENT OF TAXATION			2. WAGES SUBJECT TO
	260 S GARBER DR. TIPP CITY OH 45371-3116	1 ST QUARTER	3 RD QUARTER	TIPP CITY TAX \$
	PHONE: 937-667-8426	APRIL	OCTOBER	3. TIPP CITY TAX
	FOR TAX VEAR	MAY	NOVEMBER	WITHHELD \$
	FOR TAX YEAR	MAT	NOVEWIDER	4. TIPP OITY TAY
	□ FINAL □ COURTESY □ AMENDED	JUNE	DECEMER	4. TIPP CITY TAX REMITTED\$
	armore a doctored animenses			<u> </u>
		2 ND QUARTER	4 TH QUARTER	5. BALANCE DUE OR REFUND\$
Account #		Lhereby certify th	at the information an	nd statements contained herein are true and correct.
NAME AND	ADDRESS:	Thereby certary the	at the imornation an	to statements contained neight are true and correct.
		Signed		Title
		Fed. ID No.		Date
		1 ed. 1D 110.		Date
		Phone #		

INSTRUCTIONS FOR PREPARING & FILING FORM TW-1 (Employer's Return of Income Tax Withheld)

Who Must File:

Any employer within or doing business within the City of Tipp City, Ohio who employs one or more persons is required to withhold Tipp City tax at the rate of 1.5% from all qualifying wages paid, accrued or set apart to the employee. Effective 1/1/04, taxable wages shall not include fringe benefits as defined in Section 125 (Cafeteria Plans) of the Internal Revenue Code. Employers withholding Tipp City tax as a courtesy for Tipp City residents should withhold at 1.5% unless tax is withheld and paid to an employment city, then a credit up to 1.5% of the wages taxed to the employment city is given.

Deposit Requirements:

In the event a due date falls on a weekend or on a legal holiday, the due date is extended until midnight of the next business day.

Taxes withheld shall be remitted on a monthly basis if the total withholding exceeds \$2,399 annually. Withholding amounts less than \$2,399 annually may be remitted quarterly.

Penalties for Failure to File/Pay a Timely Return:

Taxes withheld or required to be withheld from wages by an employer and remaining unpaid after they become due shall bear the following late charges:

- 1. Interest at a rate of one percent (1%) of the tax due for every month (or fractional part thereof) the return is late.
- 2. A penalty of ten percent (10%) of the tax due.
- In addition to penalty and interest, a late filing fee of \$20.00 will be assessed on all late returns.

The failure to receive a withholding deposit form shall not excuse an employer from filing a return and remitting taxes withheld.

How to Prepare This Form:

Please circle "FINAL" if this is the final return, "COURTESY" if this is courtesy withholding, or "AMENDED" if this is a corrected return.

Line 1 - Enter taxable qualifying wages paid or accrued to employees subject to Tipp City income tax during the period for which the return is made.

Line 2 – Enter the actual tax withheld for the taxable period.

Line 3 – Adjust current payment of actual tax withheld for under payment or over payment in previous period. Attach explanation if necessary.

Line 4 & 5 – See instructions under Penalties for Failure to File/Pay a Timely Return.

Line 6 – Enter the sum of lines 2, 3, 4 and 5 and remit total amount due.

The Tipp City tax ordinance provides complete employer requirements and is available on the city's website at www.tippcityohio.gov.

INFORMATION FOR PREPARING & FILING FORM TW-3 (Reconciliation of Return of Income Tax Withheld)

On or before the last day of February of each year, each employer must file a withholding reconciliation using the City of Tipp City form TW-3. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2 forms must furnish the name, address, social security number, qualifying wages, city tax withheld, name of city for which the tax was withheld and any other compensation paid to the individual. If copies of the W-2 forms are not available, each employer must provide a listing of all employees subject to Tipp City tax. The listing shall require the same type of information as is required on the W-2 form.

Form TW-3 must show a breakdown of all withholding payments made either quarterly or monthly in the boxes provided. Numbers 1, 2, 3, 4 and 5 must be completed. The total tax paid (line 4) should be equal to 1.5% of the wages on line 2. The completed form TW-3 and all attachments must be submitted to the Department of Taxation, City of Tipp City, 260 S. Garber Dr., Tipp City OH 45371-3116 on or before the last day of February of each year. Any questions regarding form TW-3 should be referred to the Tipp City Department of Taxation at 937-667-8426.

Any individual, association, or business entity that is required under the Internal Revenue Code to issue form 1099 to any person shall on or before the last day of February of each year, file copies of said 1099 forms to the Tipp City income tax department. If 1099 copies are not available, a listing with the same information as contained on form 1099 can be submitted.